

Workforce Investment Act 15-Percent Special Projects Program On-Site Monitoring Guide

Prepared By
Compliance Review Division
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**Workforce Investment Act
15-Percent Special Projects
Program
On-Site Monitoring Guide**

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PREFACE

BACKGROUND AND INSTRUCTIONS

The purpose of our Program On-Site Monitoring Review Guide is to provide the monitor with information to conduct an on-site review of the Subgrantee's program administration and operations of Workforce Investment Act (WIA) 15 Percent Projects. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to WIA. The Program On-Site Monitoring Guide should facilitate a more efficient review.

The Program On-Site Monitoring Guide consists of 3 sections. We request that the Subgrantee complete Section I and II in the guide. The monitor will complete Section III.

Subgrantee staff responsible for completing the Program On-Site Monitoring Guide may contact the monitor or his/her supervisor to clarify questions. In addition, please ensure that the individual(s) who complete the guide provide the following information at the end of each section of the guide: his/her name, telephone number, position/title, and date completed.

The Subgrantee should provide the completed sections in the Program On-Site Monitoring Guide to the monitor prior to or at the entrance conference.

NOTE: The monitor should conduct a thorough review of the project's subgrant proposal prior to commencing the program review. Each project operates within the unique guidelines of its individual subgrant proposal, which can include specific requirements for eligibility and permitted services.

Subgrantee: _____

Executive Director/Administrator: _____

Contact Person: _____ Phone _____

CRD Monitor: _____ Phone _____

CRD Supervisor: _____ Phone _____

SECTION I

I. PROGRAM ADMINISTRATION

A. GENERAL POLICIES AND PROCEDURES

1. The following activities are unallowable under WIA:
- political activities; [WIA 195(6)]
 - paying for the cost of services or training that is otherwise available from other sources; [WIA 195(2); 20 CFR 663.320]
 - charging participants a fee for placement or referral of an individual into a WIA activity; [WIA 195(5)]
 - displacement of employees by any WIA participants; [WIA 181(b)(2), (3); 20 CFR 667.270, and WIA D02-9]
 - the promotion or deterrence of union organizing. [WIA 181(b)(7)]

How does the Subgrantee ensure that no WIA funds are utilized for the above activities?

2. How does the Subgrantee ensure that all worksites and training facilities for WIA participants meet health and safety standards established under state and federal law? [WIA 181(b)(4) & 20 CFR 667.274]

3. Describe the Subgrantee's procedures to ensure that an individual placed in a WIA employment activity does not oversee or report to an immediate family member currently employed by the employing entity.

[20 CFR 667.200(g)]

B. GRIEVANCE AND COMPLAINT PROCEDURES

Provide a copy of the Subgrantee's WIA grievance and complaint policies and procedures.

1. Describe how the Subgrantee ensures compliance with nondiscrimination requirements.

[WIA 188; 29 CFR Part 37; 20 CFR 667.200(f) and 667.600; & WIA Directive WIAD01-21]

2. Has the Subgrantee established local grievance and complaint procedures?

☐ **Yes** ☐ **No**

3. Who is the Subgrantee's designated individual responsible for adopting and publishing the grievance and complaint procedures? How does this individual ensure that the Subgrantee's WIA participants and regular employees are informed of these procedures? [20 CFR 667.200(f); WIA Directive WIAD01-21 & WIA Directive WIAD03-21]

C. MANAGEMENT INFORMATION SYSTEM (MIS) AND REPORTING

Please provide a copy of, or describe, the Subgrantee's procedures to ensure the timely and accurate completion and submission of the required WIA program performance and fund expenditure reports to EDD? [WIA 185; 20 CFR 667.300; WIA Directive WIAD04-15; WIAD04-17, & WIA Information Bulletin WIAB02-5]

D. OVERSIGHT AND MONITORING

1. Does the Subgrantee have any Subrecipients?

☐ **Yes** ☐ **No** If **No**, please skip to Section II.

2. Please provide a copy of, or describe, the Subgrantee's subrecipient oversight and monitoring policies, procedures, and tools.

[WIA 183 and 184(a)(4); 20 CFR 667.400(c)(1) and 667.410(a); & WIA Directive WIAD00-7]

3. Provide a copy of the subrecipient program monitoring schedule and reports.

4. Is the Subgrantee's system for oversight and monitoring adequate?

☐ **Yes** ☐ **No** If no, why not?

Subgrantee Staff Completing Section I	Telephone	Position/Title	Date
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SECTION II

II. PROGRAM OPERATIONS

A. ELIGIBILITY

1. Describe the Subgrantee's system for determining and verifying general program eligibility for the WIA program (right-to-work, age, and selective service registration). [WIA 188(a)(5) and 189(h); 20 CFR 663.105; WIA Eligibility TAG PY 2004-05, and WIA Directive WIAD02-14 and WIAD04-18)

2. Please provide a copy of, or describe, the Subgrantee's system for determining and verifying eligibility for the program. List the documentation the Subgrantee accepts as verification for the elements of each category. [WIA 101(1) and (25); 20 CFR 663.640; WIA Eligibility TAG Section I PY 2004-05, WIA Directive WIAD02-14, WIAD04-18, and WIAD01-04]

B. ASSESSMENT

Obtain and review copies of the Subgrantee's assessment forms and the instructions used for completion.

1. How does the Subgrantee assess the WIA participant's skills, prior work experience, and employability? [20 CFR 663.160]

2. How does the Subgrantee ensure that WIA participants are receiving appropriate WIA activities and services based on their needs and the information contained in their assessments? [20 CFR 663.240(b)]

3. Does the Subgrantee use the participant's assessment results and employment goals and objectives to develop the individual employment plans? [20 CFR 663.245 & 663.310(b)]

☐ **Yes** ☐ **No** If **No**, please provide a copy or describe what the Subgrantee uses.

C. SERVICES

1. Are any WIA-funded services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the service(s) provided.

2. Please check the services provided by the Subgrantee. Briefly describe how the Subgrantee provides each checked service. [WIA 134(d)(2) and (3); 20 CFR 662.240, 663.200, 663.240(b) and 663.245]

☐ Outreach, intake, orientation

☐ Job search and job placement

☐ Labor Market Information

☐ Information on supportive services

☐ Eligibility assistance for financial aid

☐ Follow-up services after placement in unsubsidized employment

☐ Individual Employment Plan

☐ Prevocational Services

☐ Comprehensive Assessment

☐ Out-of-the-area job search assistance

☐ Relocation assistance

☐ Group/individual counseling and career planning

☐ Case management

☐ Work experience

☐ Other

3. What specific documentation is maintained in the participant case files for verifying the services provided to the participant?

Please provide an example of forms, checklists, or documents used.

D. TRAINING

[WIA 134(d)(4); 20 CFR 663.300 through 663.320]

1. Are any WIA-funded training services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the training services.

2. If the subgrantee uses other training providers or vendors, does the subgrantee have a local policy and procedure in place to recoup unused training funds as required by WIAD04-4? ☐ **Yes** ☐ **No**

3. Please check the types of training provided by the Subgrantee. Briefly describe how the Subgrantee provides each checked service. [WIA 134(d)(4)(D)]

☐ Occupational skills, including non-traditional employment

☐ On-the-job training (OJT)

☐ Private sector programs

☐ Skills upgrading/retraining

☐ Entrepreneurial

☐ Job readiness training

☐ Adult education and literacy

☐ Other

E. SUPPORTIVE SERVICES

[WIA 101(46) and 134(e)(2); 20 CFR 663.800 and 663.805]

If available, provide a copy of the Subgrantee's supportive services policies and procedures.

1. Please check the supportive services paid for by the Subgrantee. Briefly describe how each checked supportive service is provided.

☐ Transportation

☐ Child care

☐ Housing

☐ Clothing

☐ Tools

☐ Fees (please specify)

☐ Car repairs/insurance

☐ Other

☐ None

2. How is the need for supportive services determined and documented?

<hr/> Subgrantee Staff Completing Section II	<hr/> Telephone	<hr/> Position/Title	<hr/> Date
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SECTION III

II. ATTACHMENTS

CASE FILE REVIEW SHEET

I	PARTICIPANT DATA & GENERAL ELIGIBILITY [WIA 188(a)(5) & 189(h), WIA Eligibility TAG Section I & Attachment 2 & 3, and WIA Directive WIAD01-4]			
	Participant Name: _____		Social Security Number: / /	
	Application date: _____		Registration/Enrollment date: _____	
	<input type="checkbox"/> RTW	<input type="checkbox"/> Selective Service	Age: _____	Documentation reviewed: _____
II	PROGRAM ELIGIBILITY FOR ADULT/DISLOCATED WORKER [WIA 101(1), (9), (10) & (25) and WIA Eligibility TAG]			
	ADULT (Low Income) <input type="checkbox"/> Public Assistance Program <input type="checkbox"/> Family Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Disability Documents reviewed: _____		DISLOCATED WORKER <input type="checkbox"/> Recently Dislocated [Pg. 18 of WIA Elig. TAG for 3 conditions] <input type="checkbox"/> Plant Closure/Substantial Layoff <input type="checkbox"/> Self-employed <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Voluntarily Terminated Employment & UI Eligible Documents reviewed: _____	
III	STAFF-ASSISTED CORE SERVICES/INITIAL ASSESSMENT [WIA 134(d)(2) & 20 CFR 662.240 and 663.160]			
	Initial assessment completion date: _____ <input type="checkbox"/> Check if no assessment <input type="checkbox"/> Vocational interests & aptitudes <input type="checkbox"/> Educational & work experience <input type="checkbox"/> Abilities <input type="checkbox"/> Reading/Math <input type="checkbox"/> Personal circumstances <input type="checkbox"/> Income needs <input type="checkbox"/> Other _____ Has the participant received any other staff-assisted core services? <input type="checkbox"/> Yes <input type="checkbox"/> No Documents reviewed: _____			
IV	INDIVIDUAL EMPLOYMENT PLAN (IEP) [20 CFR 663.245]			
	IEP completion date: _____ <input type="checkbox"/> Economic Needs <input type="checkbox"/> Vocational Interests & Aptitudes <input type="checkbox"/> Work History <input type="checkbox"/> Barriers & Skill Deficiencies <input type="checkbox"/> Achievement Objectives <input type="checkbox"/> Employment Goals <input type="checkbox"/> Supportive Services <input type="checkbox"/> Developmental Services To Reach Goal <input type="checkbox"/> Other (Specify) _____			
V	INTENSIVE SERVICES [WIA 134(d)(3) & 20 CFR 663.200 – 663.250]			
	<input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Out-Of-The-Area Job Search <input type="checkbox"/> Relocation Assistance <input type="checkbox"/> Counseling/Career Planning <input type="checkbox"/> Pre-Vocational Services _____ <input type="checkbox"/> Work Experience <input type="checkbox"/> Other (Specify) _____ Services concur with the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____ Documents reviewed: _____			
VI	TRAINING SERVICES [WIA 134(d)(4) & 20 CFR 663.300 – 663.440]			
	<input type="checkbox"/> Occupational Skills <input type="checkbox"/> OJT <input type="checkbox"/> Private Sector Programs <input type="checkbox"/> Skills Upgrading/Retraining <input type="checkbox"/> Entrepreneurial <input type="checkbox"/> Job Readiness <input type="checkbox"/> Adult Education And Literacy <input type="checkbox"/> Other (Specify) _____ Training concur with the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____			
VII	FOLLOW-UP ACTIVITIES (As Specified) [20 CFR 662.240(b)(11) & 663.230]			
	<input type="checkbox"/> 30-day <input type="checkbox"/> 60-day <input type="checkbox"/> 90-day <input type="checkbox"/> 180-day follow-up after placement Date entered unsubsidized employment: _____ Exit Date: _____ Employer Name: _____ Job Title: _____ Hours per week: _____ Wages per hour: _____			
VIII	SUPPORTIVE SERVICES [20 CFR 663.800 – 663.810] & Needs-Related Payments [20 CFR 663.815]			
	<input type="checkbox"/> Essential tools needed after placement <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Needs-Related Payments <input type="checkbox"/> Required fees for licenses & certificates <input type="checkbox"/> Child care <input type="checkbox"/> Car Repairs/Insurance <input type="checkbox"/> Fees for identification documents <input type="checkbox"/> Other (Specify) _____ Services are necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No Services concur with IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____			

WIA SPECIAL PROJECTS CASE FILE REVIEW ISSUES SUMMARY

SUBGRANTEE: _____

CRD MONITOR: _____

DATE: _____

TYPES OF ISSUES: GENERAL/PROGRAM ELIGIBILITY
INTENSIVE SERVICES

ASSESSMENT
TRAINING SERVICES

CORE ACTIVITIES
FOLLOW-UP ACTIVITIES

INDIVIDUAL EMPLOYMENT PLAN
SUPPORTIVE SERVICES

#	PARTICIPANT NAME & SSN	TYPE OF ISSUE	WHAT IS THE ISSUE?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PARTICIPANT WORK ACTIVITY WIA SPECIAL PROJECTS MONITORING REPORTS REVIEW TABLE

Date Completed: _____

CRD Monitor: _____

Employer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

* Info. may be contained in either the Subgrantee's Monitoring Guide, Monitoring Reports, or other documentation

SUBRECIPIENT WIA SPECIAL PROJECTS MONITORING REPORT REVIEW TABLE

Subrecipient Name: _____ Date Completed: _____ CRD Monitor: _____

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments:						

WIA SPECIAL PROJECTS PARTICIPANT INTERVIEW GUIDE

Name of Service Provider: _____

Services Location: _____

Training/Work Location: _____

Participant's Name: _____

CRD Monitor(s): _____ **Date:** _____

1. How did you learn about the Service Provider? How were you informed of the services available from this Service Provider?

2. With whom did you discuss your skills, education, prior work experience and employment goals? Was this beneficial in determining your path of services?

3. What types of service are you receiving? (i.e. core, intensive, training, youth elements)

4. How are these services helping you reach your employment and/or educational goals?

5. Do you have any family members employed by this Service Provider?

☐ Yes ☐ No If yes, in what capacity?

6. Have you encountered any problems while enrolled in the program?

☐ Yes ☐ No If yes, please list.

7. How were these problems addressed?

8. Do you consider the Service Provider's location, your workplace and/or training location to be a safe and healthy environment?

☐ Yes ☐ No If no, why not?

9. What supportive services have you received?

- ☐ Transportation assistance _____
- ☐ Substance abuse treatment _____
- ☐ Child care assistance _____
- ☐ Housing assistance _____
- ☐ Other _____

10. Have you been referred to services provided by any other organizations?

☐ Yes ☐ No If yes, what organizations?

11. Have you been told that you have the right to file a complaint if you believe you are being treated unfairly or being discriminated against?

12. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the Service Provider's activities?

☐ Yes ☐ No If yes, by whom?

13. Overall, how well do you feel the services you've received from the Service Provider has helped you? (i.e.: Great, Good, Fair, Poor)

14. Do you have any questions, suggestions or concerns about the Service Provider and/or services?

☐ Yes ☐ No If yes, please explain.
